FOC 7 - NOTICE OF HEARING

Approved, SCAO		2nd co	ry - Plaintiff py - Defendant py - Friend of the Court
STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF HEARING		CASE NO.
Court address		FAX no.	Court telephone in
Plaintiff's name, address, and telephone			
riamon s name, accress, and telephone	no.		
Attorney: V			
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Defendant's name, address, and telepho	one no.		
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Attorney:			
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at Location Judge Referee for the form	use the court because of a disability, pit, provide your case number(s). CERTIFICATE OF MAILING	ease contact the cou	nt immediately to make